DOCUMENT RESUME

ED 403 681 EC 302 319

TITLE	Health Care: Infection Control, Medication Administration, and Seizure Management. A Series for Caregivers of Infants and Toddlers. Model for Interdisciplinary Training for Children with Handicaps: MITCH Module 8.
INSTITUTION	Dade County Public Schools, Miami, Fla.; Monroe County School District, Key West, FL.
SPONS AGENCY	Florida State Dept. of Education, Tallahassee. Bureau of Education for Exceptional Students.
PUB DATE	90
NOTE	103p.; For related documents, see EC 302 310-325.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC05 Plus Postage.
DESCRIPTORS	Child Caregivers; *Communicable Diseases; Day Care; *Disabilities; *Disease Control; *Drug Therapy; Health Promotion; *Health Services; Hygiene; Infants; Inservice Education; Preschool Education; Public Health; *Seizures; Toddlers
IDENTIFIERS	Florida; Model of Interdisciplinary Training Child Handicap

ABSTRACT

Intended for use in Florida training programs for caregivers of infants and toddlers with disabilities, this guide presents an overview of the Model of Interdisciplinary Training for Children with Handicaps (MITCH); offers a user's guide to the series; and provides specific information for presenting Module 8, which focuses on health care including infection control, medication administration, and seizure management. After the introduction to the MITCH program as a whole, the user's guide provides information on the instructor's role, the 3-hour training session, the use of videotapes and audiotapes, and follow-up activities. For this module, goals and objectives focus on providing participants with an understanding of the following: methods of disease spread, interrupting the spread of disease, diapering and toileting procedures, caregiver role in medication administration, measuring medication, avoiding medication errors, the medication log, storage of medication, types of seizures, and techniques of seizure management. For each hour of training, a script, suggested activities, and relevant handouts are provided. Attached are lists of recommended resources and references, reproducible forms and handouts, and forms for the 6-week follow up. (DB)

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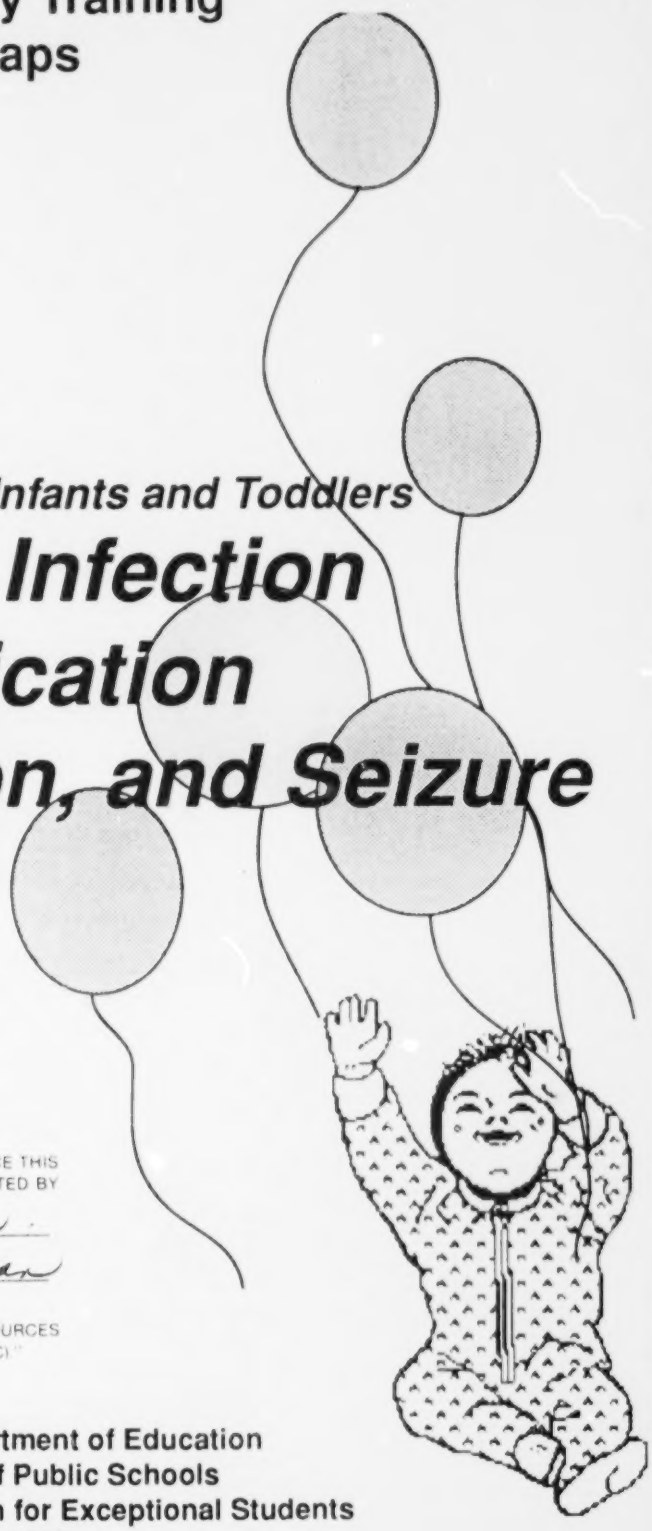
MITCH Module 8

Model of Interdisciplinary Training for Children with Handicaps



A Series for Caregivers of Infants and Toddlers

Health Care: Infection Control, Medication Administration, and Seizure Management

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MITCH Module 8

Model of Interdisciplinary Training for Children with Handicaps

A Series for Caregivers of Infants and Toddlers

Health Care: Infection Control, Medication Administration, and Seizure Management

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students
1990

This training series was developed through the MITCH (Model of Interdisciplinary Training for Children with Handicaps) Project, FDLRS/South Associate Center, Dade and Monroe County Public Schools, and funded by the State of Florida, Department of Education, Division of Public Schools, Bureau of Education for Exceptional Students, under State general revenue appropriation for the Florida Diagnostic and Learning Resources System.

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MITCH Module 8

Model of Interdisciplinary Training for Children with Handicaps

A Series for Caregivers of Infants and Toddlers

Health Care: Infection Control, Medication Administration, and Seizure Management

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ACKNOWLEDGEMENTS

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Introduction

Information in the Introduction should be reviewed by each instructor or user of this material. The Users Guide to Series begins on page 5. Information relating to this module begins on page 11.

PROJECT MITCH OVERVIEW

The purpose of the Project MITCH (Model of Interdisciplinary Training for Children with Handicaps) training series is to assist local school districts in Florida in providing interdisciplinary training and resources to parents, non-degreed daycare workers, and healthcare providers who work with special needs infants and toddlers ages 0-5, with emphasis on ages 0-2.

This series was funded by a grant to the Florida Diagnostic and Learning Resources System/South (FDLRS/South), on behalf of the FDLRS Network, from the Florida Department of Education, Bureau of Education for Exceptional Students (BEES).

In 1987, the Florida Legislature designated $100,000.00 of the total appropriation for the FDLRS Network to "expand services to infants and preschool children." The application submitted by Dade County on behalf of the FDLRS/South Associate Center serving Dade and Monroe Counties was selected for funding and was initiated on May 25, 1988. FDLRS/South collaborated with FDLRS/Mailman at the University of Miami and FDLRS/Gateway, serving Hamilton, Columbia, Lafayette, Madison and Suwannee Counties, to complete the work under the grant. Outcomes of the project include:

- assessment of the status of training and resources for the designated population
- design of a collaborative implementation and training model to include development of competencies, replicable training modules which enhance or expand the HRS eight-hour special needs child care module, an adapted training plan for daycare providers, recommendations for curricula to be used in daycare and preschool programs, and recommendations for provision of consultation to parents
- validation of the training modules in Dade, Monroe, and counties served by FDLRS/Gateway
- provision of training for potential instructors and other interested personnel in the 18 FDLRS Associate Center service regions.

Topics for the eleven training modules, as well as information which provided the basis for the competencies, policy framework, and other products of Project MITCH, were obtained from a literature search, interviews, and letters of inquiry and needs assessments sent to over 600 persons throughout the State of Florida. The modules were written by several authors from various disciplines, including early childhood education, exceptional student education, nursing, occupational and physical therapy, speech and language, nutrition and social work. Each module was read by several critical readers and was piloted in both north and south Florida at least three times before final rewriting took place.

The training series emphasizes developmentally appropriate practice and normal development as the means for working with youngsters who have special needs. The eleven three-hour modules that currently make up the series have relevance for caregivers of normally developing children as well as caregivers who may be working with children who are handicapped, experiencing delays or who may be at-risk. Although several of the modules specifically address normal and abnormal development from birth to 36 months of age, the material is also meaningful to caregivers of preschoolers who are chronologically older but who are functioning developmentally within the birth to three year range.

MITCH MODULES

Eleven MITCH training modules have been developed.

(1) *Intellectual Development: What You Can Do to Help*

(2) *Speech and Language Development: What You Can Do to Help*

(3) *The Child Who Seems Different: Meeting Special Needs*

(4) *Family Functioning: The Impact of a Child with Special Needs*

(5) *Listening and Sensory Integration: What to Do Before Speech and Language Develop*

(6) *The Caregiving Environment: Planning an Effective Program*

(7) *Behavior Management: Preventing and Dealing with Problem Behavior*

(8) *Health Care: Infection Control, Medication Administration, and Seizure Management*

(9) *Motor Development: What You Need to Know*

(10) *Nutrition and Feeding Practices: What You Need to Know*

(11) *Working Together: Communication Skills for Parents, Caregivers, and Other Professionals.*

Each of the three-hour modules can be used independently. Although the modules are numbered sequentially, they may be presented in any order since no module provides prerequisite material for another. Each module contains a script for the instructor, activities, references, resource list, and reproducible handouts/overheads. In some cases, a videotape and/or an audiotape and other materials are available to supplement the written material.

MITCH BOOKLETS

Three booklets have also been produced through MITCH. These may be used with modules as indicated or may be used independently. The booklets are listed below:

- *A Simple Introduction to Physical and Health Impairments*, to be used with Module 3
- *Welcome to the World: An Overview of Your Growing Child*, to be used with Modules 1, 2, 3, 6, and 7
- *Curricula for Use with High Risk and Handicapped Infants and Toddlers*, for use as a supplement to the modules.

User's Guide to Series

INSTRUCTOR

Instructor Qualifications

Unless otherwise stated, the MITCH modules are designed to be presented by qualified and credentialed instructors in fields such as early childhood special education, early childhood education, special education, child development, psychology and nursing, and Home Economics

Role of Instructor

Although the modules do contain scripts, the instructor is encouraged to add to them with his own style, personality, anecdotes, information, handouts, references and resources. It is expected that the instructor will exercise judgement in tailoring the material to the needs, interests, and level of the participants. The best presentations will be those that are specifically designed for the participants by the instructor who best knows their needs.

The instructor may change the lecture/discussion and activity ratio depending upon the group's needs. If all modules are being scheduled for presentation within a relatively short period of time for the same group of participants, the instructor may choose among the activities in order to offer variety since several modules share similar types of activities. The instructor will need to plan adequate time in order to become familiar with the material and tailor it to the needs of each specific audience.

A successful presentation of the material is heavily reliant upon an enthusiastic style on the part of the instructor. Suggestions for achieving this include:

- allow for introductions of participants
- accept and acknowledge interaction from all
- paraphrase questions and responses from the participants loudly enough for all to hear
- create a comfortable atmosphere
- summarize the content of each session before closing.

The audience may include a broad range of persons, including those who knowingly work with very young children with special needs, to others who may have children under their care who have special needs that are not yet recognized. The instructor should assist all caregivers in becoming more comfortable with:

- recognizing indicators that a child may be at-risk or may have special needs
- working with that child
- getting additional support and assistance regarding such a child.

It will be important to emphasize that all children are more like one another than they are different. Keeping children in the most natural or normal environment is a major goal for caregivers.

Instructor Preparation and Follow-Through

Prior to presenting any of the eleven three-hour modules, we recommend that each instructor:

- become entirely familiar with the content and format of presentation
- preview any videotape and/or audiotape
- set date for training
- arrange for a comfortable room in which to present the training
- advertise training in a timely fashion (see reproducible flier in Appendix A)
- arrange for the use of an audiocassette player, VHS videocassette recorder, overhead projector and screen, as needed
- photocopy all handouts and the List of Participants
- prepare overhead transparencies and/or other materials
- collect any additional materials not provided in this packet (see materials list)

After presenting any of the eleven three-hour modules, the instructor should:

- photocopy the reminder letter for each participant regarding the return of the Six-Week Follow-Up Activity
- mail the reminder letters three to four weeks after presenting the training module
- collect, or have participants mail, the completed Six-Week Follow-Up Activity
- review completed Six-Week Follow-Up Activity for each participant
- photocopy Certificate of Completion
- complete Certificate of Completion
- deliver or mail Certificates of Completion to each participant who successfully completed the Six-Week Follow-Up Activity

- maintain a complete record of persons who have successfully completed the module, using the List of Participants.

Reproducible copies of the Instructor's Time Table, Advertising Flier, List of Participants, Mailer, and Certificate of Completion are in Appendix A.

THE SESSION

Time

This module, if presented as written, is three hours in length. It may be presented in a single three-hour session, with a 15-minute break after one-and-three-quarter hours, or in three one-hour sessions.

Each module contains a five minute time allotment for opening each hour session, and a five minute time allotment for closing each hour session. If a module is being presented in one three-hour session, the instructor should eliminate the closing time allotment from hour one and the opening time allotment for both hours two and three in order to gain 15 minutes to use for the break. The 15-minute break should occur between presentation of the second and third hours of the module.

It is important to start and end each session on time. Estimates of presentation time are written in the left hand margins for specific segments or activities within each hour. However, the instructor may choose to expand on one or more of these segments or activities while shortening others.

Remember that a limited amount of information that is thoroughly presented will be more meaningful for participants than a larger quantity of information that has been inadequately understood by the participants.

Handouts/Overheads

Each training module comes complete with specially designed handouts. Since the modules complement one another, some handouts and booklets are recommended for use with more than one module. Reproducible originals of these materials are included in each of the appropriate modules. The Curricula booklet is available separately. The instructor should monitor and make decisions regarding reproduction and distribution of all handouts. The instructor also should supplement them with others that are appropriate.

When deciding which of the original handouts to reproduce as overhead transparencies, the instructor should choose only those with print large enough to be seen and easily read when projected on a screen. Many of the originals are not suited for use as overhead transparencies.

It is suggested, in a time saving effort, that all handouts be compiled into a single packet and distributed at the beginning of the first hour if the entire three-hour module is being presented, or at the beginning of each one-hour session if the module is being presented in one-hour segments. Only the handouts that will be discussed during the presentation should be reproduced and handed out. Some of the handouts present main points but are designed so that participants can use them for note taking. This should be called to the attention of the participants when appropriate.

MITCH printed materials may be reproduced and used in a manner that best meets the needs of the participants. Reproducible originals of handouts, overheads, and booklets (excluding the Curricula booklet) are in Appendix B of each module.

Videotapes

Videotapes have been chosen to supplement the material of several of the modules (Modules 1, 2, 3, 4, 6, 8, and 9). All of the tapes will provide valuable information for the instructor, even if the videotape is not used during presentation of the three-hour module. Therefore, it is important for the instructor to view the tape that is associated with a specific module prior to presenting the module.

The videotapes have not been included in the designated time allotments suggested in each of the module manuals. The instructor may wish to substitute all or a part of a videotape for material written in the module, extend the three-hour time period, show the videotape at another session or leave the videotape with the participants to watch as follow-up. See the Specific Information section of each module regarding the videotape for that module. Videotapes may not be copied without written consent of the producer. Information for obtaining videotapes is also provided in the Specific Information section.

Audiotapes

Audiotapes are recommended for the presentation of Modules 5 and 7. See the Specific Information section of each of those modules regarding the audiotapes. The audiotape presentations have been built into the designated time allotments suggested in each of the module manuals.

MITCH Theme Music

Included on the reverse side of the two audiotapes, one each for Module 5 and Module 7, is a three-minute segment of the MITCH theme music. The instructor may wish to play this as participants enter the session, as a signal to return from the break, or in any other suitable manner.

Attendance

At the opening session of each three-hour module, participants should sign the List of Participants form (see Appendix A). The instructor should use this form to verify attendance for all three hours of training and completion of the Six-Week Follow-Up Activity.

Six-Week Follow-Up Activity

Three to four weeks after presenting the training module, the instructor, or another person representing the training agency, should contact all participants to remind them to submit their final Six-Week Follow-Up Activity (see Appendix C). This may be done by phone or by mail using the prepared mailer (see Appendix A).

The instructor, or some other qualified person designated by the instructor, should evaluate the quality and content of the performance of the Six-Week Follow-Up Activity by each participant. This may be done by a visit to each participant's place of work or by having each participant mail the completed follow-up activity form to the instructor. The instructor will prepare and give a Certificate of Completion to every participant whose performance meets the instructor's criteria.

Certificate of Completion

Only those participants who attend all three hours of training and who successfully complete the Six-Week Follow-Up Activity are eligible to receive a Certificate of Completion (see Appendix A).

Record of Completion

The instructor should keep the completed List of Participants forms on file in the training agency. Information should be retrievable by the participant's name.

Specific Information for Presenting Module 8

GOALS AND OBJECTIVES

Goal for Hour 1: Participants will gain knowledge of appropriate infection control.

Objective - Participants will gain an understanding of:

- methods of disease spread
- how caregiver can interupt spread of disease
- appropriate diapering and toileting procedures
- how to use diapering time to identify precursors to infection, abuse, or disease.

Goal for Hour 2: Participants will gain knowledge of appropriate procedures for administration of medication.

Objective - Participants will gain an understanding of:

- caregiver role in medication administration
- appropriate methods of measuring medication
- precautionary measures to avoid medication errors
- accurate use of medication log
- storage of medication.

Goal for Hour 3: Participants will gain knowledge of how to recognize and manage seizures.

Objective - Participants will gain an understanding of:

- various types of seizures
- appropriate techniques of seizure management.

OTHER RECOMMENDED INSTRUCTORS

Because of the legal nature of the content of the medication administration section of this module, the training agency presenting this module should arrange for a registered nurse, physician, or pharmacist to present Hour 2 of this module.

This module is designed to offer resource information and be used as a guideline for setting up policies. Individual caregiving settings should adapt these policies as necessary, based on input from their own medical consultants and agency officials.

CONTACT LIST

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EQUIPMENT, MATERIALS, AND SUPPLIES

Equipment

This module can be enhanced with the equipment listed below:

- VHS videocassette recorder and monitor - if videotape is to be used
- overhead projector
- projection screen or alternative
- audiocassette recorder.

Supplies

The instructor should also have the following supplies available:

- chalk
- crayons or markers
- overhead (transparency) pens
- chart paper
- extension cord
- 3 prong/2 prong adapter plug
- masking tape
- transparent tape
- thumb tacks
- extra batteries
- extra pencils for participants.

Materials Contained in This Manual

The following materials are contained in this manual:

- reproducible forms (Appendix A)
- reproducible handouts/overheads and booklets (Appendix B)
- reproducible Six-Week Follow-Up Activity forms (Appendix C).

Videotape

The videotape, Seizures: An Overview, was selected to complement this module. Use of this videotape is optional for this module. It was made at the Comprehensive Epilepsy Center of Miami Children's Hospital, Miami, Florida. At the Center, children who experience serious seizure disorders are studied for extensive periods of time in order to determine the best course of medical action to take. During this time, children live at the Center and are under constant videotape surveillance. Clips from these surveillance tapes have been gathered for use in the videotape that accompanies this module. Because the original taping is for medical, and not for broadcasting use, the clips are not of broadcast quality. Hopefully, this will not detract from the uniquely rare opportunity of viewing such material.

Various types of seizure behavior are recorded on the right side of the screen, while brain wave patterns coming from electrodes that are painlessly attached to the heads of the children, are seen on the left side of the screen. Caps worn by the children keep the electrodes properly attached. A narrator describes specific behavior and identifies different types of seizures in the videotape.

The third hour of training will be greatly enhanced if the specially designed videotape can be shown during the session. The instructor may show portions of the tape throughout

the Lecture/Discussion, or show the tape after the Lecture/Discussion as an immediate follow-up. The tape is eight minutes in length. The instructor should plan time accordingly. As a result, time allotments have not been suggested for the third hour session.

A copy of this videotape may be borrowed from the Clearinghouse/Information Center, Bureau of Education for Exceptional Students, Florida Department of Education, 622 Florida Education Center, Tallahassee, FL 32399-0400; phone (904) 488-1879, Suncom 278-1879, or from any local FDLRS Associate Center. A copy may be purchased from Comprehensive Epilepsy Center, Miami Children's Hospital, 6125 S.W. 31st Street, Miami, FL 33155, Attention: Pat Dean; phone (305) 666-6511, ext. 2608.

Materials Not Contained in This Manual

In order to present this specific three-hour module, the following materials, which are not included in the packet, need to be obtained by the instructor:

- FDA approved gloves (Hour 1)
- disposable diapers (Hour 1)
- a large doll on which to practice diapering (Hour 1)
- soap (Hour 1)
- paper towels (Hour 1)
- table paper to cover diapering area (Hour 1)
- kitchen teaspoon (Hour 1)
- sink with running water - if this is not available, instructor may want to bring in toy sink or set of water faucets to assist with role play (Hour 1)
- optional instructor made name/medication cards and schedule for review of medication administration activity - see p. 17 (Hour 2)
- sample pill - powdered candy tablet (Hour 2)
- apothecary cup or other tool for crushing tablet (Hour 2)
- juice (Hour 2)
- water in clear plastic cups or bowls (Hour 2)
- tube or bottle of ointment - first aid cream, toothpaste, hand lotion (Hour 2)
- cotton swabs (Hour 2)
- bottle with pharmacy label (Hour 2).

Other materials not included in this manual but which are available for loan through the Clearinghouse or local FDLRS Center (see Videotape section above for Clearinghouse address) include:

- medication measuring spoon (Hour 2)
- medication syringe - no needle (Hour 2)
- medicine dropper for oral medicine (Hour 2).

ACTIVITY: Review of Medication Administration

Name: Sally Jones
Daycare Time: 8:00 A.M. - 6:30 P.M.
Medication: Phenobarbital, 4 cc 3 times a day

Name: Johnny James
Daycare Time: 8:00 A.M. - 5:00 P.M.
Medication: Amoxicillin, one teaspoon four times a day

Name: Carlos Gonzales
Daycare Time: 8:00 A.M. - 2:30 P.M.
Medication: Dilantin, 1/2 tablet every 6 hours

9:00 A.M.:	**Carlos Gonzales**	**Dilantin**
	Sally Jones	**Phenobarbital**
	Johnny James	**Amoxicillin**
1:00 P.M.:	**Johnny James**	**Amoxicillin**
3:00 P.M.:	**Carlos Gonzales**	**Dilantin**
	Sally Jones	**Phenobarbital**
5:00 P.M.	**Johnny James**	**Amoxicillin**

Module	Hour	Activity
8	2	1a

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

*MITCH: Model of Interdisciplinary Training for Children with Handicaps

Module 8

HEALTH CARE: Infection Control, Medication Administration, and Seizure Management

Hour 1

Goal: **PARTICIPANTS WILL GAIN KNOWLEDGE OF APPROPRIATE INFECTION CONTROL.**

Objectives - ***Participants will gain an understanding of:***

- methods of disease spread
- how caregiver can interrupt spread of disease
- universal health precautions
- appropriate diapering and toileting procedures
- how to use diapering time to identify precursors to infection, abuse, or disease.

5 minutes

GREETING, SIGN IN, AND DISTRIBUTION OF HANDOUTS

SESSION BEGINS

Say: This three hour module will cover three important topics. The first hour covers infection control, the second hour covers how to give medication, and the third hour covers seizures. We will be talking about your role as a caregiver in dealing with these topics. These are important topics for all parents and caregivers to know. We want to keep all of our children healthy. Some of our young children who are at risk or who have special educational needs will rely heavily upon us to make sure their environment is a healthy and safe place because they may be more vulnerable or likely to get infections. They may need medications or have seizures. It is important to remember that we must demonstrate good practice for children with special needs, and all children have special needs sometimes.

Let's begin our first hour by discussing:

- how diseases are spread, or how children catch diseases
- how you can stop the spread of disease
- universal precautions
- the best way to diaper babies and toilet toddlers.

Say: The first handout gives us the definition of some of the terms we will be using during the three hour session.

Handout/ Overhead 8-1-1

Instructor refers to **Handout/Overhead 8-1-1**, and may review terms at this time or refer to the definitions when the terms are first used in the module.

10 minutes

LECTURE/DISCUSSION: The Spread of Disease

Ask: Who can tell me what we mean when we say contagious? Can you give some examples of conditions that are contagious?

Instructor leads discussion to include:

- Contagious means that a disease is catching. One person can give it to another.
- Conditions, or illnesses, that are catching include the common cold, chicken pox, diarrhea, head lice, and rashes, (measles, and so on).

Handout/ Overhead 8-1-2

Instructor refers to **Handout/Overhead 8-1-2**.

Say: Germs are so small that they cannot be seen with your bare eyes. They are spread in many ways:

- Germs can be spread through the intestinal tract. Germs are always found in stool or in bowel movement.
- Another way to spread germs is through the respiratory or breathing tract. This happens when someone coughs, sneezes, or has a runny nose.
- Some germs are spread through direct contact or touching an infected area. An example of this is impetigo (summer sores).
- Finally, some bugs and insects also can spread germs when they bite, sting, burrow in, or crawl on people and on things. For example, encephalitis can be spread through the bite of a mosquito.

Say: The caregiver can stop the spread of germs. How could you stop the spread of germs in each of the following cases?

Handout/ Overhead 8-1-3

Instructor leads discussion of how to stop spread in each of the four areas one at a time. Use **Handout/Overhead 8-1-3** to include:

- Intestinal spread

If the child is sick the child may be isolated, or kept home from the caregiving setting. If not, the cycle can be broken by good handwashing of the child and any adult who helps the child, along with keeping the toilet area clean.

- Respiratory spread

  If the child is not isolated from the caregiving setting, then teach the child how to use a tissue, dispose of it, and wash hands properly.

- Direct contact

  It may be necessary to isolate or keep at home a child with a skin lesion. If the child can come to the caregiving setting, certain measures can be taken to prevent the spread of germs. The area may need to be covered. Also, good handwashing is important.

- Insect and animal contact

  It may be necessary to contact a pest control company if this is a problem in the caregiving setting. Insects can carry disease. Be very careful that the company is aware that its pesticide must be safe to use around young children.

Say: When we look at the way diseases are spread, you can see in every case, that handwashing can help prevent the spread of disease. Everyone knows how important handwashing is but we often are in a hurry and forget to do it as often as we should. It is also important to wash your hands in the correct way and we will practice that in a minute.

Another very important way caregivers can stop the spread of germs is by making sure that all children have their baby shots. These shots, or immunizations, can protect children from diseases such as measles, mumps, polio, diptheria, whooping cough, some types of meningitis, and rubella. But, the shots only work when a child gets the correct number of shots that the doctor says a child must get and the child gets them at the specific time. There are a lot of people who think one or two

shots is enough for protection. This is wrong. Children are not protected unless they get the exact number of shots they need at the correct time to prevent diseases. You have a handout that tells what shots should be given and when.

Handout/ Overhead 8-1-4

Instructor refers to **Handout/Overhead 8-1-4**.

Say: This will help you check the shots for each of the children you see. Children should not be in a daycare program unless their immunizations have been completed correctly. If the child is not up-to-date on immunization, the child's doctor can recommend a schedule. Remember, children are not protected until they get the whole series of shots.

10 minutes

ACTIVITY: Handwashing

Say: We talked about how important handwashing is in preventing the spread of germs. Let's take a few moments to review the correct procedure to use when washing hands.

Handout/ Overhead 8-1-5

Instructor refers to **Handout/Overhead 8-1-5**.

Say: I'd like to demonstrate the correct handwashing technique.

If running water is available, instructor demonstrates correct handwashing. If water is not available, pantomime can be used. Verbalize each step on handout as it is being demonstrated. Ask participants to form smaller groups of three to four people. Have each group member practice pantomiming each step of the handwashing technique, one at a time, while the rest of the group watches. Ask group members to help each individual perform each step correctly.

15 minutes

ACTIVITY: Diapering

Say: Now let's talk about a procedure to use for diapering to reduce the risk of spreading infection.

5 minutes

ACTIVITY: Toileting

Say: Now let's discuss some procedures we can follow to reduce the spread of infection during the toileting of children.

Handout/ Overhead 8-1-7

Instructor refers to and reviews procedure on **Handout/Overhead 8-1-7.**

10 minutes

LECTURE/DISCUSSION: Universal Precautions

Say: The Center for Disease Control has identified some guidelines called universal precautions. They are called universal because they should be used in caring for everyone whether you know the person is sick or not. If you follow these guidelines all of the time, it will decrease the spread of infection. It will also reduce the spread of AIDS. Universal precautions are very easy to remember. Universal precautions apply to blood and body fluids containing blood.

Handout/ Overhead 8-1-8

Instructor refers to **Handout/Overhead 8-1-8.**

Say: As you can see, all universal precautions mean is that you should wear gloves when in contact with blood, body fluids containing blood, or vaginal secretions or semen.

When cleaning any spill such as vomitus or urine, gloves should be worn, since it is not always easy to identify blood in body fluids. Be very careful to avoid contaminating any part of your body by touching spills. Spills should be carefully discarded in a plastic lined trash receptacle. The gloves used while cleaning up the spill can be discarded after the contaminated materials are discarded. Be very careful not to touch the contaminated side (outside) of the gloves. New gloves should then be put on and the soiled area disinfected with a one in ten bleach to water solution. Then the second pair of gloves are discarded and the

hands are washed using the proper handwashing procedure.

Not all gloves are sturdy enough to keep the germs out. Only certain gloves are approved by the Federal Drug Administration (FDA). When you purchase gloves for your caregiving setting, make sure the gloves are FDA approved.

I'd like to make a couple of additional points about glove removal and disinfecting areas when removing gloves. Pull off one glove with the other gloved hand, touching only the outside of both gloves. Discard the pulled off glove. Then put your ungloved fingers inside the glove on the gloved hand, being careful not to touch the outside contaminated part of the glove. When removing gloves, pull the glove off turning it inside out. Discard the second glove directly into the trash.

Instructor must demonstrate procedure of removing and discarding gloves.

Say: The best disinfectant for diapering tables, sinks, and all washable toys is a 1:10 solution of household bleach and water. The bleach can be put into a plastic spray bottle. Use 1 part bleach to 10 parts water. The diapering table should be cleaned with this solution after each diaper change. Toys should be cleaned at the end of each day.

We are going to have a short discussion regarding AIDS, but only as it relates to infection control.

As you know AIDS is a very serious illness. Children can have AIDS and not appear ill. One of the ways to catch AIDS is by contacting the blood of someone who has the disease. Since you don't always know if someone has AIDS, it is important to wear gloves anytime you come in contact with blood. The Center for Disease

Control has stated that universal precautions are not necessary for the following body fluids:

- feces
- tears
- nasal secretions
- urine
- sputum
- vomitus
- sweat.

Say: It is believed that one cannot catch AIDS from these body fluids unless visible blood is present. You may want to wear gloves when dealing with these fluids for other reasons but it isn't necessary as an AIDS precaution.

This is the most current information. It is important that you keep up-to-date on any new information.

Note: Instructor may wish to obtain the most up-to-date literature available to use as handouts regarding AIDS. If childcare workers are greatly concerned about this topic, it is suggested that a separate workshop be arranged to discuss it. A resource list on AIDS literature is included at the end of this module.

Summary

Say: We have gone over a lot of information about ways to prevent the spread of disease in caregiving settings. These guidelines are not difficult to follow and will make a big difference in controlling the spread of infection. Are there any questions?

Instructor may lead discussion summarizing main points of presentation.

5 minutes
(omit if 3-hour presentation)

END OF HOUR 1: Closing

Note: This module is designed to offer resource information and to be used as a guideline for setting up policies. Individual caregiving centers should adapt these policies as necessary, based on input from their own medical consultants and agency officials.

Module 8

HEALTH CARE: Infection Control, Medication Administration, and Seizure Management

Hour 2

Goal: **PARTICIPANTS WILL GAIN KNOWLEDGE OF APPROPRIATE PROCEDURES FOR ADMINISTRATION OF MEDICATION.**

Objectives - ***Participants will gain an understanding of:***

- caregiver role in medication administration
- appropriate methods of measuring medication
- precautionary measures to avoid medication errors
- accurate use of medication log
- storage of medication.

Note: This hour of training should be presented by a duly licensed registered nurse, pharmacist, or physician. This module is designed to offer resource information and to be used as a guideline for setting up policies. This unit on medication administration is only a part of a comprehensive orientation to medication. Additional training should include orientation to medication policies and procedures; an overview of an individual student's medical problems; the specific medication, its purpose, side effects and, expected results; storage of medication; emergency procedures; and documentation procedures.

5 minutes
(omit if 3-hour presentation)

GREETING, SIGN IN, AND DISTRIBUTION OF HANDOUTS

SESSION BEGINS

40 minutes

LECTURE/DISCUSSION: Introduction to Medication Administration

Note: Instructor (nurse, pharmacist, or physician), will demonstrate administration of medication. Is is suggested that the instructor allow several participants to practice each of the demonstrations, either as they are presented, or as a summary.

Say: Let's begin this hour session by discussing medication administration. We will talk about the following items:

- Why do we need to give medicine in the caregiving setting?
- What are the most common medicines given in the caregiving setting?
- What are some things that can be done to keep from making mistakes when giving medication?

Some children may require medication during the hours they are in the caregiving setting. As the person in charge of the child, the responsibility for giving the medication in a safe manner may be yours. Can you think of any reasons why medications may need to be given in the caregiving setting?

Instructor leads discussion to include: Medicines have to be given at prescribed times to work properly. Therefore, it may be impossible to wait until the child is at home, if the child is to receive the best benefit from the medicine.

Handout/ Overhead 8-2-1

Instructor refers to and reviews **Handout/Overhead 8-2-1**.

Say: These are some examples of medications, but there are many other medications that may need to be given in the caregiving setting.

Medications may come in liquid or pill form. It is very important that medicines be measured correctly. Pills can be given as in a whole tablet or in any part of a tablet. Liquids are given in teaspoons or drops. If a doctor wants to be very exact, the liquid may be ordered in measurements called cubic centimeters, or c.c.'s. A special medicine spoon or syringe may need to be used for proper measurement. Let's review your next handout.

Handout/ Overhead 8-2-2

Instructor refers to **Handout/Overhead 8-2-2.**

Say: First, let's talk about tablets. This is another name for a pill. Often, a pill is prescribed to a child who cannot chew regular food. For such a child, after the pill has been divided correctly, the pill must be crushed and mixed with something the child can safely swallow.

Instructor demonstrates: Measure 1/2 pill and use the apothecary cup, or another method, to crush the pill. Mix with a small amount of water or juice.

Say: If a child has difficulty swallowing, always give a crushed pill to avoid choking. Some medications cannot be taken with certain types of food or liquids. Be sure to check with the parent or doctor to determine what food you can mix with the pill. Also, some medicine is time released and should not be crushed. Always check with the parent or doctor to be sure that the pill can be crushed. If it is not crushed and the child cannot safely swallow a pill, request that the physician order the medicine in liquid form. Also, capsules should not be crushed.

Handout/ Overhead 8-2-2

Say: Now let's talk about liquid medicines.

Instructor refers to **Handout/Overhead 8-2-2.**

Say: It is never advisable to use a regular kitchen spoon to measure liquid medicine. Spoons hold very different amounts of liquid depending upon the design of the spoon. When the doctor orders a teaspoon, exactly 5 c.c. is to be given. A special medication spoon or syringe will measure that amount. Remember that ml. and c.c.'s are the same.

Instructor demonstrates: Hold up a regular kitchen spoon.

Say: Never give medicine with a regular spoon. A spoon is not accurate enough.

Then, the instructor demonstrates measuring a liquid with the medication spoon. Use water or juice in clear containers as medicine for demonstration. If water is used, it may be easier to see if it is slightly colored with food coloring.

Say: Now let's talk about how to measure medicine in a syringe.

Handout/ Overhead 8-2-2

Instructor points to syringe on **Handout/Overhead 8-2-2.**

Say: It is easier to measure small dosages in c.c.'s than with a teaspoon. A syringe without a needle is used to measure liquid medication. Remove cap from syringe opening and place it where the baby will not get it. Pull back on the plunger and pull the correct amount of medication into the syringe, using the markings on the side of the syringe to help you measure the correct amount.

Instructor demonstrates the use of a syringe. Show how to draw 2 c.c. of liquid into the syringe.

Handout/ Overhead 8-2-2

Say: Some medicines may be given with a dropper.

Instructor refers to **Handout/Overhead 8-2-2.**

Say: Some medicines that are to be given by mouth come with a dropper. Do not confuse this medicine with drops for the eyes or ears. Read the label carefully.

Instructor demonstrates use of the dropper.

Say: When giving liquid medicine in any of the ways we have talked about, remember that babies and children can choke very easily. It is important to give the medicine slowly and carefully. If using a syringe or dropper, gently put a small amount in the side of the child's mouth by the cheek. Do not squirt it fast into the mouth. The spoon should only be used by children able to handle a cup. The bottle may need to be used for liquid medicines. Measure carefully then put it into the bottle. Watch to be sure all the medicine is taken. If medicine is placed in the bottle with another liquid, do not put any more liquid than is absolutely necessary. It is important that the child takes all of the medicine.

Handout/ Overhead 8-2-2

Ask: Are there any questions?

Instructor refers back to **Handout/Overhead 8-2-2.**

Say: As I just mentioned, you may be asked to give medicine in the form of eye, ear, or nose drops. It is just as important to measure these drops as carefully as it is to measure any other type of medication. For ear drops, pull the ear back and up. Then insert the drops. Avoid touching the ear with the dropper. Keep the child lying down quietly until the drops drain into the ear.

It may take 2 people to give nose or eye drops to a child. Follow directions on the bottle carefully.

For eye drops, it is especially important to keep the container sterile. Do not touch the tip of the dropper to any other surface. Wash away any discharge near the eye before you insert the eye drops. Discard washcloth or towel appropriately.

When giving nose drops, keep the child's head elevated or raised slightly, to avoid having the child swallow the medicine.

When giving ear, eye, or nose drops, have a second adult assist. The second adult can gently, but securely, hold the young child's arms over the head and hold the child's head still.

Say: The next method for medication administration is an ointment, cream, or lotion applied onto the skin.

Handout/ Overhead 8-2-2

Instructor refers to **Handout/Overhead 8-2-2**.

Say: Use a cotton swab or gloves to apply the medicine. Be careful not to touch the lesion, or sore.

Ask: Why is this important?

Instructor refers back to infection control methods presented in Hour 1 of this module.

Say: As you can see, giving medicine is a big responsibility. An error in giving medication to a child can be very dangerous for the child. The same precautions apply to non-prescription and prescription drugs. Non-prescriptions (over-the-counter) medications can only be given in the caregiving setting if ordered by a physician and with parental permission. The same authorization procedure should be followed for both prescription and non-prescription drugs. There are some things that you can do to prevent an error. All medications must be stored in a locked cabinet out of any child's reach. If a medication must be refrigerated, a lock should be placed on the refrigerator or a box with a lock can be placed inside the refrigerator. It is very important to never leave medication within the reach of a child for even a second. After giving a medicine, make sure that you have locked the medication back in

its cabinet. It only takes a minute for a child to grab a medicine and swallow it.

Say: Let's look at your handout entitled, Ways to avoid medication errors. There is room on the handout for you to make notes.

Handout/ Overhead 8-2-3

Instructor refers to **Handout/Overhead 8-2-3**. Instructor leads discussion to include the following.

Before giving the medicine have written authorization from a physician. If possible, the following information should be included:

- child's name and birthday
- name and dose of the medication and why medication is being given
- any special instructions about how to give the medication
- beginning and ending dates for giving the medication in the caregiving setting
- possible side effects and what to do if they occur
- what to do if dose is missed
- physician's name, address, phone number, and signature
- date of prescription.

Handout/ Overhead 8-2-4

Instructor refers to and reviews **Handout/Overhead 8-2-4**.

Say: Your handout is a sample of the type of form your caregiving setting could use.

Handout/ Overhead 8-2-5

Instructor refers to **Handout/Overhead 8-2-5**.

Say: Of course, before you administer any medication to a child, you should have written permission from the parent or legal guardian.

Instructor leads discussion of the following.

Written permission should include:

- child's name
- name and address of parent
- name of medication
- clear authorization for daycare personnel to give the medicine

- release of liability
- understanding that it is the parent's responsibility to have the medicine in the caregiving setting
- name and phone number of the physician
- emergency phone number where the parent can be reached during the day
- parent's agreement to notify the caregiving setting if medication, dosage, or physician is changed
- parental signature
- date.

Say: The caregiving setting should also have a policy on the valid length of time for a permission form. The form, itself, should state for how long it is valid.

Handout/ Overhead 8-2-6

Instructor refers to **Handout/Overhead 8-2-6.**

Say: The original bottle of medication with the pharmacy label should be sent to the caregiving setting. The bottle should be labeled with:

- child's name
- name of medication
- dosage
- frequency and method of administration
- physician's name
- date prescription was dispensed.

Say: Make sure you have the right bottle and dosage by checking three times to see if the medication matches the order.

Handout/ Overhead 8-2-7

Check medication log.

Instructor refers to **Handout/Overhead 8-2-7**. Instructor shows sample bottle with this label.

Say: This is a sample of a medication log that you can keep at your center. It is necessary to

check the log to be sure the medication has not already been given by someone else. If you are not confident that the medication administration would have been written down, double check with the other caregivers.

Handout/ Overhead 8-2-6

Instructor refers back to **Handout/Overhead 8-2-6**.

Measure the medication very carefully. Check dosage with bottle again.

Make sure that you have the correct child.

Give the medication and record in the medication log that you gave the medicine. Include the time, method, how the medication was tolerated, and your signature.

If you do make a mistake, act quickly. Do not panic. Immediately call the poison control number for your area and follow their instructions. You should make sure that the number of the poison control center is in a visible place near the telephone. The Florida Poison Information Center number is 1-800-282-3171. Then, notify the parent and doctor of the medication error.

10 minutes

ACTIVITY: Review of Medication Administration

If time permits, the following scenario may be helpful as a review.

Say: The following scenario will help illustrate some of the important points to remember when giving medicine.

Activity 8-2-1a

Instructor may write a child's name, medication, and administration time on chalkboard, flipchart, or cards. In the latter case, select participants to come up to the front of the room to be children. Give each the name/medication card to hold. Instructor may move "children" around to help illustrate points. (See **Activity 8-2-1a** in Specific Information for Presenting Module 8 section of this manual.)

Say: Sally Jones comes to daycare at 8:00 a.m. and stays until 6:30 p.m. She is on medication for

seizures. Sally is 8 months old. Her mother tells you that Sally has a seizure disorder. Her seizures are controlled with medication so they do not normally occur. However, she must get her medication on time. Sally is taking Phenobarbital, 4 c.c., three times a day.

Also, Johnny James comes to your daycare. You have just been told that he has an ear infection. He must be on Amoxicillin, one teaspoon, four times a day. Johnny is 18 mos. old.

You also discover that Carlos' medication has been changed to Dilantin, 1/2 tablet, every 6 hours.

Sally's mother wants her to receive her medicine at 9:00 a.m. Carlos takes his Dilantin at 9:30 a.m. and 3:30 p.m. Let's try to simplify this.

First, try to give as many of the medications as you can around the same time, after checking with the physician to see if it is ok. Carlos, Sally and Johnny, can all receive a 9:00 a.m. medication. Carlos receives his second dose, six hours later, at 3:00 p.m. Sally need her medication three times per day, so she can get her second dose at school, at 3:00 also. Johnny will get two more doses of medication at school, one at 1:00 p.m., and another at 5:00 p.m., just before he goes home.

Ask the mothers how they give the medication. Sally's mother shows you the spoon she uses to measure the Phenobarbital. She puts it in Sally's bottle with 1 oz. of milk. Johnny likes the Amoxicillin and takes it from his special spoon. Carlos likes his tablet crushed and mixed with about a teaspoon of applesauce. Make sure that each mother has checked to be sure that the medications can be mixed with milk or food.

Ask: What else needs to be done?

Instructor leads discussion to include:

- First obtain permission form, which contains the parent's or guardian's signature, from the parent or legal guardian. Refer to the parent permission form and all the questions on it.
- Then inform the parent that the form must be signed by the child's doctor. These forms should be sent home with the parent on the child's first day at the center. If the parent forgot to have the form signed, you and the parent should try to reach the doctor by phone, while the parent is still present at the center. Inform the parent that a verbal order can be taken for one day, but the form must be signed by the doctor. If the doctor cannot be reached, the parent will have to make arrangements to give the medication. Go over the information needed for this form.
- Explain to the parent that the medication must be sent to school in the original pharmacy container with the child's name, medication name, dosage, frequency directions, and physician's name.
- After checking the label, go to the log book.

The instructor may show a completed log page with Carlos', Sally's, and Johnny's medications on it.

Handout/ Overhead 8-2-7

- Make up an individual medication sheet to go in each child's folder.

Instructor refers to **Handout/Overhead 8-2-7**.

At 9:00 a.m., it is time for Sally's Phenobarbital and Carlos' Dilantin. The following needs to occur:

- Check central log book.
- Check the doctor's order with central log for Sally's Phenobarbitol. Check three times to avoid errors.
- Check parental permission form for signature and name of medication.
- Get the medication from its locked area.
- Check the original pharmacy label on the bottle with the doctor's order three times.
- Check individual log for last time medication was given.

- Measure medication carefully. (Demonstrate someone using the special measuring spoon, then mixing Sally's Phenobarbital with one ounce of milk.)
- Check Sally's name.
- Give Sally's Phenobarbital.
- Chart Sally's medication on her individual medication form.
- Replace Sally's medication in its locked area.
- Check the central log for the next time medication is to be given.

Say: The same procedure will need to be followed when giving Carlos his medication. Since his medication is in the form of a tablet you will need to break his pill, crush it, and then mix with applesauce.

This concludes the second hour of our module. Are there any questions?

5 minutes **END OF HOUR 2: Closing**

Module 8

HEALTH CARE: Infection Control, Medication Administration, and Seizure Management

Hour 3

Goal: **PARTICIPANTS WILL GAIN KNOWLEDGE OF HOW TO RECOGNIZE AND MANAGE SEIZURES.**

Objectives - ***Participants will gain an understanding of:***

- various types of seizures
- appropriate techniques of seizure management.

5 minutes
(omit is 3-hour presentation) **GREETING, SIGN IN, AND DISTRIBUTION OF HANDOUTS**

SESSION BEGINS

20 minutes **LECTURE/DISCUSSION: Seizure Causes and Types**

Say: During this hour we will talk about seizures, including:

- what a seizure is
- the common types of seizures
- what to do if a seizure occurs
- why seizure medicine is important
- when and who to call for help.

It is not uncommon for children to have seizures. Seizures can be very scary.

Instructor may show videotape of a grand mal, or generalized tonic-clonic seizure, then rewind tape and continue.

Say: It is important that you know what to do when a seizure occurs. The most important thing to remember is to stay calm. The more you know about seizures, the easier it will be for you to stay calm.

You may know that some children in your care do have seizures. Their parents will be able to tell you what to expect. On the other hand, there may be some children who have their first seizure in your caregiving setting. This is unusual, but it does happen. Finally, some children may be having a different kind of seizure that no one has yet identified as a seizure.

Let's begin by talking about what a seizure is. A seizure results when the brain receives abnormal, or unusual, electrical discharges. These cause an uncontrolled episode of abnormal behavior. Seizures are called by different

names. Some of these names are fits, spells, convulsions, and attacks.

Not all seizures are caused by epilepsy. Epilepsy is a disorder of the central nervous system. Persons are identified as having epilepsy when they have had more than two uncontrollable seizures that are not caused by fever or illness. Epilepsy is not contagious, a mental illness, or a sign of low intelligence. It affects more than two million Americans.

Some seizures that are not from epilepsy may be from a high fever, drug withdrawal, or a chemical imbalance. Sometimes no cause is found.

In about 70% of cases, we do not know what causes the seizure.

Now let's talk about the common types of seizures. As we discuss the different types of seizures, please look at Handout 8-3-1.

Handout/ Overhead 8-3-1

Instructor refers to **Handout/Overhead 8-3-1**, and leads discussion to include the following sections. Use repetition and explanation of terms to ensure understanding. Ask questions to clarify. Use videotape to illustrate vocabulary such as rigidity and disorientation. Instructor may use question and answer rather than straight lecture.

Convulsive Seizure

Say: First, we will talk about the convulsive seizure, or the generalized tonic-clonic seizure. This seizure is also called grand mal.

The tonic stage includes sudden cry, fall, and rigidity followed by muscle jerks; heavy, irregular breathing; loss of consciousness; stiffening of the body drooling, pale skin, and occasional loss of bowel and bladder control.

The second stage is the clonic stage. This begins a few seconds into the seizure. It is characterized by alternating tension and relaxation of muscles. This is followed by a

period of drowsiness, disorientation, and fatigue. It usually lasts 2 to 4 minutes.

Ask: What do we do for a child who is having a seizure?

Say: It is important to protect the child from any objects that could harm the child. Do not put anything in the mouth or try to restrain the child. Keep the child's head turned to one side to keep the airway open. Do not give liquids during or just after the seizure. If many seizures occur immediately following each other, or if one seizure lasts over five minutes, proceed with emergency guidelines. These are rare occurances but they require immediate attention. A five minute seizure may not be considered long by some people. However, by the time you call and emergency help arrives, 20 minutes to a half hour may have passed.

Handout/ Overhead 8-3-2

Instructor should give specific guidelines for local geographic area, e.g., call 911; police; fire; rescue. Instructor refers to and discusses **Handout/Overhead 8-3-2.**

Say: If breathing is absent after the muscle jerks stop, begin cardiopulmanary resucitation (CPR) and have someone else call for emergency help.

Non-Convulsive Seizures

Say: Another type of seizure is called non-convulsive. There are several varieties of non-convulsive seizures. First, let's talk about petite mal or absence seizures.

This seizure lasts only a few seconds. Some children may have rapid eye blinking or chewing movements, but most just have a blank stare. The child is unaware of what is going on during the seizure, but quickly returns to full awareness once the seizure has stopped. This seizure is often mistaken for daydreaming or not paying attention. If frequent seizures occur, the child's functioning may be adversely affected

because the child may miss important directions or content. Imagine what your world would be like if you missed 30 seconds of consciousness out of every 10 or 15 minutes. The world would suddenly becomes very spotty. So would your source of information. Absence or petite mal seizures can be very, very confusing for a child who doesn't know that it is happening. A medical evaluation is needed.

Simple Partial Seizures

Say: Another non-convulsive seizure is the simple partial or Jacksonian seizure. During this type of seizure, the child is awake and aware of what is happening. This type of seizure is characterized by uncontrollable jerking which starts in the fingers and toes and then spreads up the arm. Sometimes the jerking can involve the whole body. When it involves the whole body, the seizure progresses to a convulsive seizure which we described earlier under generalized tonic-clonic or grand mal seizures. If the seizure remains simple partial, no first aid is required. If it progresses, follow the first aid outlined under tonic-clonic seizure. If the parent reports simple partial seizures, be sure to ask if they ever progress to a full convulsive seizure.

Another type of simple partial seizure is the sensory seizure. The child may have a preoccupied or blank expression. The child may see or hear things that are not there. The child may feel unexplained fear, sadness, anger, or joy. The child may feel sick to the stomach, experience unusual smells, or have a "funny feeling" in the stomach. The child doesn't need any emergency action but will need emotional support. This type of seizure is sometimes mistaken for emotional illness.

Complex Partial Seizures

Say: The next type of non-convulsive seizure is a complex partial seizure. This is also called a psychomotor or temporal lobe seizure. It usually starts with a blank stare followed by chewing, followed by random activity. The child seems unaware of the environment. Often, the child will pick at clothing, try to remove clothing, or pick randomly at objects. Usually the child will do the same thing with every seizure. The seizure only lasts a few seconds, but the child is confused for some time afterward. The child does not remember what happened. This seizure has been mistaken for drunkenness, drug intoxication, disorderly conduct, indecent exposure, or shoplifting. Emergency care is not needed. If you grab at or try to restrain the child during this seizure, the child will resist you. Try to gently guide the child to a safe area. It is important to stay with the child until the child is fully aware and in control.

Atonic Seizures

Say: The next type is called atonic seizures or drop attacks. This type of seizure generally affects a child between two to five years of age. It begins with a sudden fall. After about 10 seconds the child regains consciousness and can stand or walk again. This is not an emergency situation, but the child must be evaluated by a physician if you suspect these seizures. The seizures are often mistaken for clumsiness or poor coordination. The danger is that the child could be injured during one of these seizures.

Myoclonic Seizures

Say: The next type of seizures is a myoclonic seizure. These seizures are sudden, brief muscle jerks that may involve one body part or the whole body. They can cause the child to drop or to spill things. No first aid is

needed, but the child should get a medical evaluation. This seizure can also be mistaken for clumsiness or poor coordination.

Infantile Spasms

Say: The last seizure we'll discuss is the infantile spasm. This type of seizure usually starts between three months and two years of age. If the child is sitting up, the head falls forward and the arms will flex forward. If the child is lying down, the knees draw up and the arms and head flex forward. This is not an emergency situation, but a medical evaluation is needed as soon as it can be arranged.

15 minutes

LECTURE/DISCUSSION: Seizure Management

Now that we've discussed different types of seizures, I want to refer back to Handout 8-3-1. The first aid measures are included. Also look at Handout 8-3-2.

Handout/ Overhead 8-3-1 & 8-3-2

Instructor refers to and reviews **Handout/Overhead 8-3-1** and **8-3-2.** Instructor should supply emergency number specific to the local region.

Say: Your handouts and your notes should help you to know what to do if a seizure occurs.

Remember that medication is a very important part of seizure management. A child who has epilepsy is likely to be on prescribed medication.

In order to control seizures in a child, the doctor, the parents, and person in the caregiving center must manage the child in exactly the same way. Good communication is essential. The doctor will be adjusting medication according to the child's level of medication in the blood and the seizure activity that is reported. When the mother first asks that medication be given in the caregiving

setting, gather all the information that we talked about in Hour Two.

It is not unusual for either the drug or the dosage to be changed a number of times. The parents must keep you informed of any changes.

Instructor may wish to pause here for a review of procedure to use when administering medication. Refer to previous hour of training.

Say: It is important to know what to do if the medication cannot be given as the doctor ordered. The dose could be missed for any variety of reasons. However, if the dose is missed, you must know how the parent and doctor want it handled. They may want you to wait until the next dose, or the parent may need to come in and give an adjusted dose. Some children are very sensitive to even a small change in their medicine. You must call the doctor or parent if the dose is missed. Follow closely all the medication guidelines in your setting. Make sure that you and the parents are aware of what side effects to look for.

This is a lot of information for you to remember. It may be helpful for you to have a review of this information handy.

Handout/ Overhead 8-3-3

Instructor refers to and discusses Handout/Overhead 8-3-3.

15 minutes

LECTURE/DISCUSSION: Seizure Record

Say: It also may be helpful for you to keep a seizure record for a child who has a seizure condition.

Handout/ Overhead 8-3-4

Instructor refers to Handout/Overhead 8-3-4

A seizure record would include:

- child's name and age
- the diagnosis
- seizure medication dosage and times given

Say: The date the seizure occured must be entered in the log. Then, it is important to describe the seizure activity. The log should include:

- what was happening immediately preceeding the seizure
- beginning and ending time of the seizure
- what called your attention to the seizure (cry, fall, etc.)
- description of the seizure activity (was there a sudden or gradual start; where did jerking begin, if present; before the jerking started did the child's body become stiff; did the eyelids flutter; did the skin color change; did the child talk)
- interventions (e.g., CPR)
- child's reaction after the seizure (drowsy, urination, or bowel movement).

Say: Other important questions to ask are:

- Does the child remember and report any unusual feelings or sensations that occured before the seizure?
- Who was contacted (e.g., parent, doctor) and what were their instructions?

Say: Also, you need to have emergency information that is located by your telephones. This should include:

Handout/ Overhead 8-3-2

- emergency phone number

Instructor should refer back to **Handout/Overhead 8-3-2.**

- emergency phone numbers for parents
- directions to your caregiving center from a major road.

Ask: Why is this important?

Expected response: The person who is calling the emergency number can easily refer to them. This person may not otherwise know this

information, or more likely, this person may give wrong directions because of the excitement of the emergency situation.

Say: Let's review when you need to call for emergency help:

- when seizure lasts over five minutes
- when several seizures occur immediately following each other
- whenever CPR has been necessary.

Say: As we have said, seizures are scary looking. However, the procedures to follow when a child has a seizure are really simple.

Handout/ Overhead 8-3-3

Instructor may review **Handout/Overhead 8-3-3**, if there is time.

Say: I want to include a few additional precautions. Water can be very dangerous to a child with epilepsy. Very careful supervision is needed at bath time. There is no reason a child with epilepsy cannot swim, however, the child should never swim alone. Diving, because of abrupt entry into the water, is probably not advisable.

When the child gets older, doctors usually suggest that a child with epilepsy play safer sports. The child's doctor should be consulted regarding any sports and activity restrictions for a child. Head protection may be necessary for some activities. Older children should not be left to bike alone.

Older children with epilepsy should be allowed to take gym and play sports in school in accordance with their doctor's instructions. Remember that federal law prohibits discrimination on the basis of medical handicaps. Similarly, children with epilepsy should not be placed in special education classes just because they have seizures.

For further information contact the Epilepsy Foundation of America. The national office is

located at: 4351 Garden City Drive, Landover, MD 20785; phone (301) 459-3700.

Instructor may also provide phone and address of the nearest local chapter.

Ask: Are there any questions?

5 minutes

Explanation of Six-Week Follow-Up Activity

Give participants the phone number at which you can be reached should there be any questions regarding the follow-up activity.

END OF HOUR 3: Closing

Resources

Resources on AIDS

Allensworth, D. D., & Symons, C. W. (1989). A theoretical approach to school-based HIV prevention. Journal of School Health, 59(2), 59-65.

American Academy of Pediatrics. (1988). Pediatric guidelines for infection control of human immunodeficiency virus (acquired immunodeficiency virus) in hospitals, medical offices, schools, and other settings. Pediatrics, 82(5), 801-807.

Barrett, D. J. (1988). The clinician's guide to pediatric AIDS. Contemporary Pediatrics, 5, 24-47.

Belman, A. L., et. al. (1988). Pediatric acquired immunodeficiency syndrome. American Journal of Diseases in Children, 142, 29-35.

Black, J. L., & Jones, L. H. (1988). HIV infection: Educational programs and policies for school personnel. Journal of School Health, 58(8), 317-322.

Curran, J. W., et. al. (1988). Epidemiology of HIV infection and AIDS in the United States. Science, 239, 610-616.

Dickens, B. M. (1988). Legal limits of AIDS confidentiality. Journal of the American Medical Association, 259, 3449-3451.

Dickens, B. M. (1988). Legal rights and duties in the AIDS epidemic. Science, 239, 580-585.

Epstein, L. G., et. al. (1986). Neurologic manifestations of human immunodeficiency virus infection in children. Pediatrics, 78(4), 678-687.

Fischl, M. A., Dickinson, G. M., Scott, G. B., et. al. (1987). Evaluation of heterosexual partners, children and household contacts of adults with AIDS. Journal of the American Medical Association, 257, 640-644.

Fischl, M. A., Richman, D. D., Grieco, M. H., et. al. (1987). The efficacy of azidothymidine (AZT) in the treatment of patients with AIDS and AIDS-related complex. New England Journal of Medicine, 317.

Gerberding, J. L., et. al. (1987). Risk of transmitting the human immunodeficiency virus, cytomegalovirus, and hepatitis B virus to health care workers exposed to patients with AIDS and AIDS-related conditions. The Journal of Infectious Diseases, 156(1).

Guidelines for effective health education to prevent the spread of AIDS. (1988, January 29). Morbidity and Mortality Weekly Report, 37(3-2).

Resources (cont'd)

Lifson, A. (1988). Do alternate modes for transmission of human immunodeficiency virus exist? Journal of the American Medical Association, 259(9), 1353-1356.

Moss, A. R., Bachetti, P., Osmond, D., et. al. (1988). Seropositivity for HIV and the development of AIDS or AIDS-related condition: Three year follow-up of the San Francisco General Hospital cohort. British Medical Journal, 296, 745-750.

Parks, W. P., et. al. (1987). An overview of pediatric AIDS: Approaches to diagnosis and outcome assessment. AIDS Modern Concepts and Therapeutic Challenges (pp.245-262). Marcel Dekker.

Piot, P., & Colenbunders, R. (1987). Clinical manifestations and the natural history of HIV infection in adults. Western Journal of Medicine, 147, 709-712.

Revision of CDC case surveillance case definition for acquired immunodeficiency syndrome (1987). Morbidity and Mortality Weekly Report, 36, 1-15S.

Scott, G. B. (1988). Clinical manifestations of HIV infection in children. Pediatric Annals, 17(5).

Summary of House Bill 1519. (1988). 2nd Engrossed. The Comprehensive AIDS Bill. Committee Substitute/House Bill 1519, passed by the Florida Legislature.

Thomas, P. (1988). Immunization of children infected with HIV: A public health perspective. Pediatric Annals, 17(5), 347-351.

U.S. Department of Health and Human Services. (1989, April 14). Update: Acquire Immunodeficiency Syndrome - United States, 1981-1988. Morbidity and Mortality Weekly Report, 38(14), 229-236.

U.S. Department of Health and Human Services. (1987). Update: Universal precautions for prevention of transmission of human immunodeficiency virus, hepatitis B virus, and other blood-borne pathogens in health-care settings. Journal of the American Medical Association, 260(4), 262-264.

U.S. Department of Health Human Services. (1987). Update: Human immunodeficiency virus infections in health-care workers exposed to blood of infected patients. Morbidity and Mortality Weekly Report, 36, 285-289.

U.S. Department of Health and Human Services. (1987). Recommendation for prevention of HIV transmission in health care settings. Morbidity and Mortality Weekly Report, 36 (suppl. 2S), 3S-18S.

Walters, L. (1988). Ethical issues in the prevention and treatment of HIV infection and AIDS. Science, 239, 597-603.

Resources (cont'd)

Resources for Health Care

Chasnoff, I. J. (Ed.). (1988). Drugs, alcohol, pregnancy, and parenting. $44.50. May be ordered from: Kluwer Academic Publishers, Order Dept., P.O. Box 358, Accord Station, Hingham, MA 02018-9990; or, contact local Red Cross Chapter and/or March of Dimes office.

Chasnoff, I. J. (Ed.). (1986). Drug use in pregnancy. $35.00. May be ordered from: Kluwer Academic Publishers, Order Dept., P.O. Box 358, Accord Station, Hingham, MA 02018-9990; or, contact local Red Cross Chapter and/or March of Dimes office.

Epilepsy Foundation of South Florida, 1500 N.W. 12th Avenue, Miami, Florida 33101; (305) 324-4949.

Florida Nurses Association, P.O. Box 6985, Orlando, Florida 32853; (305) 896-3261.

Mailman Center for Child Development, Nursing Division, 1601 N.W. 12th Avenue, Miami, Florida, 33101; (305) 547-6801.

National Clearinghouse for Alcohol and Drug Information; P.O. Box 2345, Rockville, MD 20852.

References

Dade County Public Schools, Division of Elementary and Secondary Instruction. (1985). Handbook for school health facilitators (2nd ed.). Miami, FL.

Department of Health and Rehabilitation Services for Medically Complex Children. (1987). School health nursing services for medically complex children. Tallahassee, FL.

Newton, J. (1984). School health handbook. Englewood Cliffs, NJ: Prentice-Hall.

Pathfinder and the School Nurse Organization of Minnesota (1986). Managing the student with a chronic health condition: A practical guide for school personnel. St. Paul, MN.

Appendix A

Reproducible Forms for Three-Hour Module

Form	Copies to make
• Instructor's Time Table and Notes (2 pages)	• 1 per instructor
• Advertising Flier	• As needed
• List of Participants	• Varies - usually 6 to 8
• Follow-Up Mailer (2 pages)	• One per participant

Note: Reproduce mailer as one two-sided page by photocopying the second page on the reverse side of the first. This mailer may be reproduced on agency letterhead.

• Certificate of Completion (1 page)	• 1 per participant

Instructor's Time Table and Notes

MITCH Module Title: _____

Training Location _____

Date_____

Instructor _____

Preparation

Date	Task	Completed
_____	Review module	_____
_____	Preview videotape* and audiotape	_____
_____	Arrange for guest speaker*	_____
_____	Set date	_____
_____	Arrange for room	_____
_____	Arrange for A-V equipment*	_____
_____	Advertise	_____
_____	Photocopy all handouts	_____
_____	Prepare any overheads	_____
_____	Collect additional materials	_____

Notes for Training
Hour 1:

Hour 2:

*** if applicable**

Trainer's Time Table and Notes, continued
Hour 3:

Six-Week Follow-Up Activity

Date	Task	Completed
_____	Copy letters	_____
_____	Send letters	_____
_____	Collect activity	_____
_____	Review activity	_____
_____	Copy certificate	_____
_____	Prepare certificate	_____
_____	Deliver certificate	_____
_____	Record trainees who have completed module	_____
_____	Maintain List of Participants on file	_____

Notes:

Coming . . . MITCH Module 8

HEALTH CARE:

Infection Control, Medication Administration, and Seizure Management

TRAINING
FOR
CAREGIVERS
OF
INFANTS
AND
TODDLERS

Date ..... **Time** .....

Location .....

Training Agency .....

For information and/or registration, call .....

.....

.....

LIST OF PARTICIPANTS

SIGN IN SHEET
MITCH Module # _____

MITCH module title _____

Training date _____

Training location _____

Instructor _____

Hours Attended			
1st	2nd	3rd	*FA

Please PRINT your name, social security number, home mailing address, phone and place of work.

Full Name _____ Social Security _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Place of Work _____

Work Address _____ Zip _____

Full Name _____ Social Security _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Place of Work _____

Work Address _____ Zip _____

Full Name _____ Social Security _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Place of Work _____

Work Address _____ Zip _____

Full Name _____ Social Security _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Place of Work _____

Work Address _____ Zip _____

*** Follow-Up Activity completed**

Dear

This is to remind you that the Six-Week Follow-Up Activity for MITCH Training Module # _____

Title: _____

is due _____/ _____/ _____.

Please submit your Follow-Up Activity to:

_____

_____

_____

_____

If you have any questions, please call:

_____ *telephone* _____.

Sincerely,

Fold #2

From: MITCH Module Training

To:

Fold #1

Certificate of Completion

MITCH

Model of Interdisciplinary Training for Children with Handicaps

_____

has completed all requirements for MITCH Module 8, entitled:

HEALTH CARE: INFECTION CONTROL, MEDICATION ADMINISTRATION, AND SEIZURE MANAGEMENT

_____

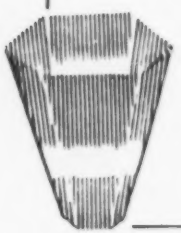
Instructor

_____

Training Agency

_____

Date



This training module was developed by the MITCH Project, the Florida Diagnostic and Learning Resources System/South Associate Center, and the Bureau of Education for Exceptional Students, Florida Department of Education

Appendix B

Reproducible Copies of Handouts/Overheads/Booklets

Note:

Each handout is numbered in a three-digit code such as: Handout 3-1-4. The first digit (3 in example) refers to the module number. The second digit (1 in example) refers to the hour of the Module, while the last number (4 in example) refers to the number of the handout itself. Consequently, the example number above denotes the fourth handout to be used during the first hour of Module 3.

Definition of Terms

- **AIDS**: The letters AIDS stand for Acquired Immunodeficiency Syndrome. AIDS affects a part of the body's immune system and makes it difficult for the body to fight infection. The virus infects and destroys special white blood cells called "T-Helper Cells".

- **Alert**: This refers to being awake and aware of what is happening.

- **Apothecary Cup**: This is a cup with a special device for crushing pills. This particular cup is used by pharmacists. However, other containers can be used to crush pills.

- **Center for Disease Control (sometimes called CDC)**: CDC is a place in Atlanta, Georgia, where scientists study diseases. They have recently published guidelines for dealing with AIDS.

- **Contagious**: Refers to a disease that can be given to another person by contact.

- **Germs**: A germ is a very, very small organism. Usually "germ" refers to an organism that can make you sick.

- **Immunizations**: These are shots or special liquids given to children to protect them against certain diseases.

- **Intestinal Tract or the Digestive System:** This tract has to do with eating and elimination. It begins with the oral cavity and includes the organs involved in digesting food. It includes the small and large intestines where bacteria or parasites are often found.

- **Respiratory Tract**: The respiratory system has to do with breathing. In man it includes the nasal cavity, epiglottis, pharynx, larynx, esophagus, trachea, bronchi, and lungs. Bacteria found in this system can be expelled into the air through the nose or mouth.

- **Restrain**: To hold or confine a child in such a way that is not harmful to the child.

Module	Hour	Handout
8	1	1

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How Diseases are Spread

Diseases are spread by germs.

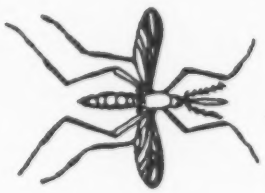
Germs are spread in several ways:

- **Intestinal tract (stool)**

- **Direct contact**

- **Respiratory tract (coughs, sneezes, runny nose)**

- **Insects.**



Module	Hour	Handout
8	1	2

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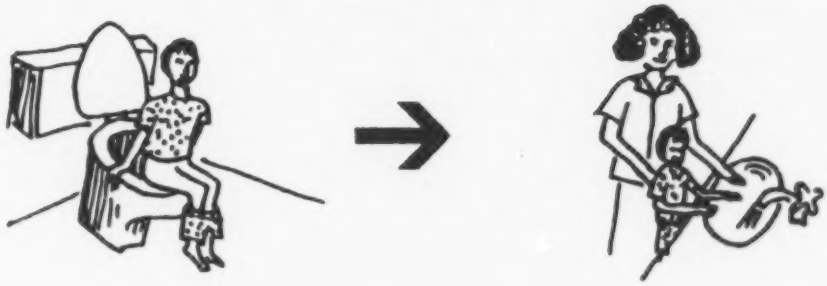
How to Stop the Spread of Germs

Intestinal Spread:

Solution:



Module	Hour	Handout
8	1	3

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How to Stop the Spread of Germs (con't.)

Respiratory Spread:

Solution:

Module	Hour	Handout
8	1	3 (con't.)

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How to Stop the Spread of Germs (con't.)

Direct Contact

Solution:

Module	Hour	Handout
8	1	3 (con't.)

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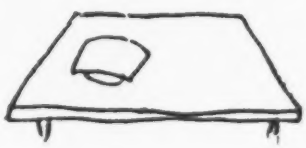
How to Stop the Spread of Germs (con't.)

Insects and Animal Contact:

Solution:



Module	Hour	Handout
8	1	3 (con't.)

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Vaccination Schedule

Florida Department of Health and Rehabilitative Services (HRS)

9/17/90

2 months	**DTP & OPV**
4 months	**DTP & OPV**
6 months	**DTP**
12 months	**TB Test**
15 months	**MMR, DTP, OPV and Hib***
4-6 years	**DTP & OPV boosters**
14-16 years	**TD booster (and every 10 years thereafter)**

DTP - Diptheria, Tetanus, Pertussis

OPV - Oral Polio

MMR - Measles, Mumps, Rubella

Td - Tetanus, Diptheria (no Pertussis)

Hib - Haemophilus b Conjugate*

***Not yet required in child day care centers and family day care homes.**

Module	Hour	Handout
8	1	4(R)

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Handwashing

- Remove jewelry - when possible, avoid wearing jewelry when working with children.
- Use soap and running water.
- Rub hands vigorously as you wash them.
- Wash back of hands, palms, wrists, between fingers, and under finger nails.
- Rinse your hands well and leave the water running.
- Dry your hands with a single use towel.
- Turn off the water by using a paper towel, not your bare hands.
- Remember to wash the child's hands also using the above procedure.

Module	Hour	Handout
8	1	5

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Diapering

- Have supplies ready including clean diaper, any needed clothing, and towelettes.
- Place fresh paper on the changing table. It is important to change the paper after each diaper change.
- Hold the child away from your body when you pick him up.
- Place child on changing table.
- Put on gloves.
- Remove soiled diaper.
- Place soiled diaper in a plastic lined container.
- Clean child with a towelette, wiping front to back.
- Remove table paper and put it in a plastic lined container.
- Discard gloves. Be careful to touch only the uncontaminated side of the gloves.
- Place clean paper on the table.
- Diaper and dress the child.
- Wash the child's hands.
- Return child to a safe area.
- Remove table paper and discard it touching only the uncontaminated side of the paper.
- Wash your hands.
- Clean and disinfect the diaper changing area including the sink if it was used.
- Wash your hands.

Module	Hour	Handout
8	1	6

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Toileting

- Place dirty clothing in a bag for parents to take home. Do not wash at school.
- Help the child use the toilet. (If child-sized toilets are not available, seats that adapt an adult toilet are better than potty chairs for controlling disease spread.)
- Help the child wash hands using proper handwashing technique.
- If a potty chair is used, empty it. Do not rinse in sink used for handwashing.
- Wash your hands.
- Clean and disinfect the toilet, adapted toilet seats, and/or potty chairs after each use.

Module	Hour	Handout
8	1	7(R)

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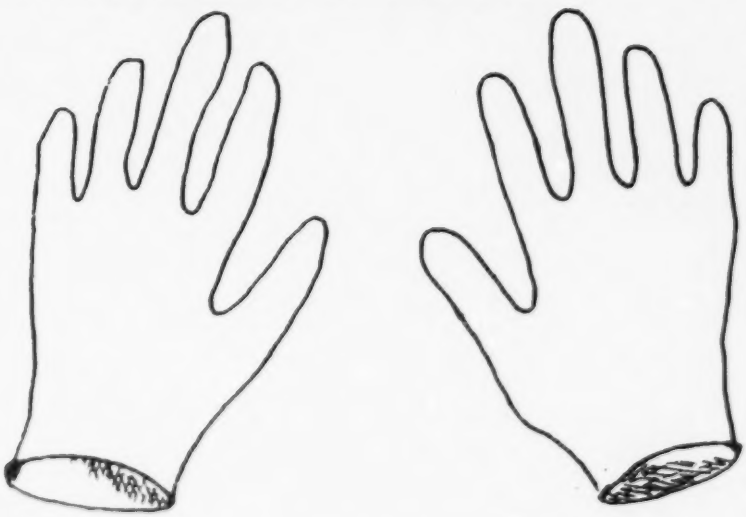
Universal Precautions

WEAR FDA APPROVED LATEX GLOVES WHEN:

- **in contact with any blood or fluids containing blood**
- **in contact with semen or vaginal secretions.**

KEEP GLOVES

- **handy at all times**
- **in any area where there are children, including the playground**
- **around diapering and toileting areas.**



Module	Hour	Handout
8	1	8

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Examples of Medicines That May Need To Be Given In Caregiving Setting

Note: Medicines should be given ONLY with written permission from the parent and the child's physician. This procedure should be followed or both prescribed and non-prescribed (over-the-counter) medication.

ANTIBIOTICS

Reason for use - to fight infections such as those of the ear or throat

Examples:
- **Amoxicillin**
- **Ampicillin**
- **Cloxicillin**
- **Ceclor**

ANTICONVULSANTS

Reason for use - to control seizures

Examples:
- **Phenobarbital**
- **Clonipin**
- **Dilantin**

ANTIPYRETIC

Reason for use - to control fever

Examples:
- **Tylenol**
- **Tempra**
- **Liquiprin**
- **Panadol**

Module	Hour	Handout
8	2	1

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Ways Medicines Are Given

- Tablets

1/4 tablet 1/2 tablet 1 tablet

broken or crushed

- Liquids

- Drops (Keep tips of droppers sterile. Keep child lying down for ear drops. Keep child's head raised for nose drops.)

- Ointments, Creams, Lotions

Module	Hour	Handout
8	2	2

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WAYS TO AVOID MEDICATION ERRORS

Check doctor's orders:

- **child's name and birthday**
- **name and dose of medication and why medication is being given**
- **any special instructions about how to give medication**
- **beginning and ending dates for giving medication**
- **possible side effects and what to do if they occur**
- **what to do if a dose is missed**
- **physician's name, address, phone number, and signature**
- **date of prescription.**

Module	Hour	Handout
8	2	3

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*MITCH: Model of Interdisciplinary Training for Children with Handicaps

Sample

Medication Administration Authorization for Prescribed and Non-Prescribed (Over-the-Counter) Medication

Child's Name _____ **Date of Birth** _____

Medications can only be administered at school when failure to receive such medication could jeopardize a child's health. The Physician Authorization and Legal Guardian Permission segments of this form must be completed and signed prior to execution of the prescription.

Physician's Authorization (To be completed by the prescribing physician.)

The above named child is under my medical supervision. I have prescribed the following medication:

.....

Reason(s) for medication: .....

.....

Date to begin: ..... Date to end .....

Possible adverse reactions of the medication: .....

What to do if a dose is missed: .....

Special instructions: .....

Physician's Name: ..... Physician's Telephone: .....

Physician's Address: .....

Physician's Signature: ..... Date: .....

Legal Guardian Permission (To be completed by child's legal guardian.)

Name ..... Home Telephone: .....

Address: .....

Business Telephone: ..... Emergency Telephone: .....

I hereby request that my child be given the above medication while in school and away from school for activities. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person would have under the same or similar circumstances. I understand that I must notify the school of any changes in my child's medication. I understand that I am responsible for ensuring that the medication arrives safely at school and for refilling the medication prescription as needed.

Signature of Legal Guardian: ..... **Date:** .....

Module	Hour	Handout
8	2	4

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WAYS TO AVOID MEDICATION ERRORS

Written permission from parent should include:

- child's name
- name and address of parent
- name of medication
- clear authorization for daycare personnel to give medicine
- release of liability
- understanding that it is the parent's responsibility to have the medicine in caregiving setting
- name and phone number of the physician
- emergency phone number where parent can be reached
- parent's agreement to notify caregiver of change in medication, dosage or physician
- parental signature
- date
- validity period for permission.

Module	Hour	Handout
8	2	5

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WAYS TO AVOID MEDICATION ERRORS

The medicine label should include:

- child's name
- name of medication
- dosage
- frequency and method of administration
- physician's name
- date prescription was dispensed.

Check original pharmacy label on bottle with doctor's orders three (3) times.

Check medication log to determine when medication was given last.

Measure medication carefully and check with dose on bottle.

Make sure you have correct child.

Give medication.

Record in medication log.

Florida Poison Information Center
1 (800) 282-3171

Module	Hour	Handout
8	2	6

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Medication Log

(Sample)

Name of child: _____

Address: _____

Telephone (Home and Contact): _____

Record of Administration

Medication	Dose	Date/Time	Signature of Person Administering	Comments

Module	Hour	Handout
8	2	7

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Convulsive Seizures - Children Lose Consciousness

SEIZURE TYPE	ALSO CALLED	DESCRIPTION	FIRST AID
Generalized Tonic-Clonic	Grand Mal Fits, Spells, Attacks	**Two-Stage - Tonic & Clonic** **Tonic stage progression:** • cry • fall • stiffness • muscle jerks • heavy irregular breathing • loss of consciousness • stiffening of body • drooling • pale skin • occasional loss of bowel/bladder control. **Clonic stage:** • alternating rigidity and relaxation of muscles • period of drowsiness, disorientation, and fatigue.	Note time seizure starts. Make environment safe. Do not put anything in mouth. Do not restrain. Do not hold tongue. Keep head to one side. Don't give liquid. Call for emergency help if: one seizure lasts over 5 minutes, or multiple seizures occur. Start CPR if breathing is absent. Report to parents. Record seizure activity and share with doctor as indicated.

Module	Hour	Handout
8	3	1

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Non-Convulsive Seizures

SEIZURE TYPE	ALSO CALLED	DESCRIPTION	FIRST AID
Absence	**Petit Mal**	Blank stare for a few seconds. Some may have chewing movements. Often mistaken for daydreaming. Unaware during seizure.	Do not try to grab or restrain child. Gently guide child to safety. Some children may wear a helmet for head protection.
Simple Partial	**Jacksonian**	Child awake and aware. Uncontrollable jerking. Starts in fingers and toes and spreads up body. Can progress to convulsive seizure.	No first aid is necessary unless seizure progresses to a convulsive seizure; then follow the first aid measures under convulsive seizures.
Simple Partial	**Sensory**	May see or hear things that are not there. May feel unexplained emotions.	Write down exactly what you observed.
Complex Partial	**Psychomotor or Temporal Lobe**	Starts with blank stare, followed by chewing then random activity such as picking at clothes, walking away.	Report to the parents. If this is the first time the child has ever had a seizure, tell the parents that the child must go to the doctor. The child needs to be seen by a doctor even though he may appear to be fine.
Atonic	**Drop Attacks**	Child suddenly falls. After 10 seconds he can walk again.	
Myoclonic		Sudden brief muscle jerks that involve one body part or whole body.	No first aid. Recommend medical evaluation.
Infantile Spasms		Usually in child 3 months to two years of age. Head falls forward. Arms/knees flex.	No first aid. Recommend medical evaluation.

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SEIZURES

WHEN TO CALL FOR EMERGENCY HELP

- When one seizure lasts over 5 minutes.
- When several seizures occur in a row with no break in between.
- When child has been seriously injured.
- Whenever you need to start Cardiopulmonary Resuscitation.

  CPR should be started whenever breathing is absent.

- Emergency number: _____

Module	Hour	Handout
8	3	2

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What to Do if a Child Has a Seizure

Determine if the child is having a seizure.

Remain calm.

Note beginning and ending time of seizure.

Protect the child from injury. If the child is standing or sitting, gently lower him into a lying position. Clear the area of objects.

Do not try to restrain the child.

Do not insert anything in the child's mouth.

Do not offer food or drink until the child is fully awake.

Stay with the child until he is fully alert and awake.

Call for emergency help when:

- The child has one seizure immediately after another with no time in between.
- The seizure lasts longer than 5 minutes.
- The child has been injured seriously.
- The child does not start breathing after a seizure. Begin mouth-to-mouth resuscitation and call for help.

AFTER THE SEIZURE

Stay with the child until child is fully alert.

Allow the child time to rest.

Reassure the child and provide child with information about what just happened, as appropriate to child's age and developmental level.

Reassure the other children in the caregiving setting.

Write down what you observed.

Report the seizure to the child's parents.

Note whether any changes were made in medication after the seizure.

Module	Hour	Handout
8	3	3

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SEIZURE RECORD

Name _____ **Age** _____ **Diagnosis** _____ **Medication** _____

Dosage and administration times: _____

DATE	BEHAVIOR BEFORE SEIZURE	BEGINNING TIME	DESCRIPTION OF SEIZURE	ENDING TIME	INTERVENTION NEEDED	CHILD'S REACTION AFTER SEIZURE	WHO WAS CONTACTED

Module	Hour	Handout
8	3	4

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Appendix C

Reproducible Forms for the Six-Week Follow-Up Activity

Six-Week Follow-Up Activity

MITCH Module 8
HEALTH CARE: Infection Control, Medication Administration, and Seizure Management

These completed forms should be sent to:

Name _____

Address _____

_____

_____

These forms are due at the above address by _____
date

Directions

Please complete the following page as it pertains to your caregiving setting.

Name _____

Date _____

Infection Control/Seizure Management

	Yes	No
(1) *towels, soap, and water available*	____	____
(2) *presence and use of changing table paper*	____	____
(3) *presence and use of rubber glove supply*	____	____
(4) *appropriate potty chairs and/or toilet seats available*	____	____
(5) *disinfecting solution present and used*	____	____
(6) *emergency numbers and directions are posted by the telephone*	____	____

If you answered no to any of the above, explain below what you are doing to change the situation.

_____

_____

_____

_____

Submit a copy of your phone list of emergency numbers with this activity sheet.

Medication Administration

	Yes	No
(1) *The Florida Poison Control Number is in a visible location. Number: 1-800-282-3171.*	____	____
(2) *Medication supplies are present.*	____	____
(3) *Medication recording system is present.*	____	____
(4) *Submit a copy of*	____	____

- *your medical log*
- *parent permission form*
- *doctor authorization form.*

Health Care: Infection Control, Medication Administration, and Seizure Management

For ease of use, instructor is encouraged to remove the staple on this booklet and place the module into a three-ring binder.

Trim the binder identifier to an appropriate size, and affix to the spine of the binder.

BINDER IDENTIFIER

State of Florida
Department of Education
Tallahassee, Florida
Betty Castor, Commissioner
Affirmative action/equal opportunity employer

BEST COPY AVAILABLE